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Participant Name: _____ EDAC ID #: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

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Provider: *ICONS and Innovators Webinar Series*

Program Dates: September 2014

Initial	Course Number	Date/Time	Course Title	CEU Hours
	I14-001-ICONS	9/4/2014 11 am PDT	Design Research and Behavioral Health Facilities	1

TOTAL: _____

Please list 4 things that you learned from this webinar:

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

I hereby certify that the above information is true and accurate to the best of my knowledge and that I have complied with the EDAC Continuing Education Guidelines.

SIGNATURE: _____ DATE: _____